

## Issue 8 April 13, 2007

### Inside this Issue:

Purple Heart Awarded, Individual Augmentees Recognized	2
Force Master Chief Visits Bethesda's Corpsmen	2
NMCP Trains Deploying Corpsmen in Casualty Care	3
BUMED Force Master Chief Visits Navy Medicine Support Command	4
Naval Hospital Corpus Christi Wins Health Promotion Gold Star	5

### Items of Interest:

The **Defense Health Board** met at Walter Reed Army Medical Center in Washington, DC on April 11. During the morning session, the **Department of Defense Task Force on Mental Health and the Task Force on the Future of Military Health Care** also provided updates on the progress of their reviews. The afternoon session of the open public meeting focused on the deliberation of draft findings and recommendations from the **Independent Review Group on Rehabilitative Care and Administrative Processes** at Walter Reed and the National Naval Medical Center Bethesda. All three groups are subcommittees of the Defense Health Board and will make independent assessments and recommendations on changes to process, legislation and policies that ultimately affect the care and services provided to the military community. For more information, visit <http://www.ha.osd.mil/dhb>

# Navy and Marine Corps Medical News

*A Public Affairs Publication of the Bureau of Medicine and Surgery*

## Defense Department Requires Post-Deployment Assessments

By Mass Communication Specialist 1st Class (AW) Paul DeLaughter, National Naval Medical Center Public Affairs

**BETHESDA, Md.** - The Defense Department is mandating post-deployment assessments for service members who deploy outside the continental United States for more than 30 days to any location without a fixed medical treatment facility, including service members who have returned stateside since 2004.

Personnel are also required to be reassessed within 90 to 180 days. The Navy's Bureau of Medicine and Surgery has set up 13 clinics to handle issues Sailors returning home may have.

"The biggest issue in our clinic is personnel are not aware that this dates back to 2004," said Hospital Corpsman 2nd Class (FMF) Anton

Russ, Deployment Health Department's leading petty officer. "[The Defense Department] didn't mandate this requirement until 2006, but we are required to reassess everyone all the way back to March 2004. Most people don't even know that they are supposed to come see us."

Russ said they have files on service members they need to locate.

A thorough evaluation is needed, so appropriate referrals can be made. Whether it's medical or psychological care the patient needs, the clinic helps people reacclimate themselves to normal life, said Jodi Albert, clinical psychologist for Bethesda's Deployment Health Clinic.

Albert said the Deployment

*(Continued on page 4)*



**SOUTH CHINA SEA** - Hospital Corpsman 2nd Class Christy Harrison and 3rd Class Christina Calderon practice cardiopulmonary resuscitation (CPR) on a training dummy on board amphibious assault ship USS Essex (LHD 2) March 26. Essex was awarded her eleventh consecutive Green 'H' award attesting to the ship's commitment to health excellence. U.S. Navy photo by Mass Communication Specialist Jhoan Montolio

## Purple Heart Awarded, Individual Augmentees Recognized

By Peggy Shoaf, Naval Air Weapons Station China Lake Public Affairs Office

**NAVAL AIR WEAPONS STATION CHINA LAKE, Calif.** – Hospital Corpsman Third Class Henrique J. Soares was honored today with a Purple Heart for wounds received in action Dec. 11, 2006, in Iraq. Soares received the Purple Heart during the Individual Augmentee (IA) Appreciation Barbecue held in the Naval Air Weapons Station China Lake Commissary's parking lot.

The barbecue honored all IAs, both past and present, who have detached from tenant commands assigned to China Lake.

According to the citation read by Cmdr. Thomas Driver, officer-in-charge of the Branch Health Clinic, where Soares is currently stationed, a police transition team and a team of 20 Iraqi police were engaged with approximately 30 enemy per-

sonnel in a prolonged battle near the hospital in Iraq. The team was engaged from four different locations, pinning them in their positions. During the engagement, an Iraqi police lieutenant received two gunshot wounds. Completely disregarding the effective machine gun fire from enemy positions, Soares immediately moved to the lieutenant and positioned him in an area that was thought to be covered from enemy fire. After stabilizing the patient, Soares' position started to take heavy enemy automatic fire. He was subsequently shot with a single round in the left shoulder, which passed through his upper torso, exiting through his right shoulder.

"He had the presence of mind to stay calm, even though he had no feeling below his shoulder blades," read Driver. "His professionalism

(Continued on page 4)



**NAVAL AIR WEAPON STATION CHINA LAKE, Calif.** - Capt. Mark O. Bowman, commanding officer, Navy Hospital Twenty-Nine Palms, pins the Purple Heart on Hospital Corpsman 3<sup>rd</sup> Class Henrique Soares. U.S. Navy photo by Peggy Shoaf

## Force Master Chief Visits Bethesda's Corpsmen

By Chris Walz, National Naval Medical Center Public Affairs



**BETHESDA, Md.** - Navy Medicine Bureau of Medicine and Surgery's Force Master Chief (FMF/SS/SW) Robert Elliott met with National Naval Medical Center (NNMC) corpsmen April 3 to answer job-specific questions and rally support for more Middle East deployments.

Elliott received questions ranging from training and advancements to deployments and military-to-civilian conversions.

Elliott said Master Chief Petty Officer of the Navy (SW/FMF) Joe Campa Jr. is working to have Sailors' sea counters roll when they're deployed with a Marine unit, but corpsmen shouldn't expect reenlistment incentives any time soon. The corpsmen rating currently sits at 126 percent reenlistment.

"An incentive is designed to get you to do something you wouldn't normally do," he said.

Elliott said he was disappointed with the number of Sailors who responded to a questionnaire on the back of the advancement exam three cycles ago. He said many Sailors wanted to do away with advancement exams. He said promotions are based on three things: exams, evaluations and awards. Evaluations and awards, he

said, are dependent on others' interpretation. Exams, he countered, is one area where Sailors have complete control of their futures.

One Sailor asked the force master chief about his take on Sailors serving in administration jobs instead of performing jobs in their rate. Elliott said shore duty is not a reprieve from sea duty.

"The purpose of shore duty is to sharpen your skills before you go to work," he said.

"Folks, we wear the uniform. We take care of the guy who shoots bad guys," Elliott said. "We fight wars. If you don't want to do that, then you shouldn't be wearing the uniform. I'm not trying to run anyone off, but this is what we do."

Several Sailors said they didn't receive adequate training while in school and often felt they were forced to train themselves.

Elliott and NNMC Command Master Chief (FMF) Laura Martinez said corpsmen can expect more changes as Bethesda and Walter Reed Army Medical Center form the Walter Reed National Military Medical Center. Elliott said military medics will have the same core training, but they will "break-off" to learn service-specific procedures. Martinez said construction, which will begin in 2008, will force several clinics and Sailors to temporarily move to Walter Reed.

## NMCP Trains Deploying Corpsmen in Casualty Care

By Deborah R. Kallgren, Naval Medical Center Portsmouth Public Affairs Office

**Naval Medical Center Portsmouth, Va.** – “GO! GO! GO! GO SAVE YOUR BUDDY!” yelled Cmdr. Tom Craig, an Emergency Medicine Physician at Naval Medical Center Portsmouth.

On April 5, he and Lt. Cmdr Tim Coakley, also an NMCP emergency medicine physician, were leading 16 Navy corpsmen and several counterparts representing the Army and Joint Task Force in a simulation of an attack in Iraq. Only they weren't in Iraq; they were on a riverbank in Portsmouth, Va.

Their challenge: safely getting to their “injured” buddies, assessing their condition and treating them while in battle. It was part of a valuable warm-up for what the corpsmen might soon face when they deploy to Iraq and become the “doc” to the boots on the ground.

This was the final exercise in the week long Casualty Care Course. Termed a just-in-time skills refresher, the course is coordinated by Craig and Coakley, who are former corpsmen themselves. They and hospital corpsmen HM2 Otis Seamon and HM2 Harold Butac are the instructors. All have served in Iraq.

“It's a prerequisite that our instructors have served in Iraq,” said Craig. The instructors share their experiences and give the deployers an unvarnished account of what to expect. The corpsmen learn about IEDs, blast injuries, burns, weapons safety, what medical items will be in their packs and how to medevac a patient. Coakley added, “This is serious as a heart attack.”

For three days, the 16 corpsmen worked in NMCP's Sim Center – a

hands-on lab where they practice lifesaving care on life-size interactive dummies with simulated injuries. The skills refresher includes airway management to facilitate breathing, chest and extremity trauma, hemorrhage control, clotting agents, pressure bandages, IV access, splints and tourniquet application. They learn how to perform a “cric” (pronounced crike – short for cricothyrotomy), which is a temporary tracheotomy.

On day four, the corpsmen donned flak jackets, Kevlar and their medical backpacks in a simulated attack. The victims, made up in moulage, fake blood and prosthetic injuries, lay “wounded” on the shoreline. It was time for the corpsmen to put their battlefield skills to work.

“TAKE COVER! STAY LOW! STAY LOW!” admonished Craig, as the corpsmen rushed to attend to the wounded.

Corpsmen, like their medical counterparts in the civilian world, are trained to care for patients in a hospital or clinic setting. Then they have the added duty of administering care during war and on the battlefield.

HM3 Shawna Mock has been in the Navy for five years and has served in Kuwait. “I've worked in the emergency room and have had clinic experience. But we're going to be out there in the field and we've got to know what to do on the battlefield – how to carry wounded people back to safety. This (training) has been very beneficial. You don't need ‘Gucci’ high-tech gear; you can use duct tape and your brain.”

Craig is a big proponent of duct tape. “It's a bandage; you can strap arms to the body; strap legs to-

gether... Gear doesn't matter. Improvise!”

“They come into class not knowing how long to keep a tourniquet on,” Craig added. “We tell them, ‘Don't second guess. If you think they need a tourniquet, use a tourniquet. Stop the bleeding.’” If arterial bleeding isn't stanching in three to four minutes, the person will bleed to death.

“Number one is hemorrhage control. They've got to stop the bleeding. It's the biggest killer on the battlefield,” said Coakley. “Number two is emergency airway management. Keep them breathing.”

This was the fifth time Craig and Coakley have conducted the Casualty Care Course. They try to do it every three months to prepare a new group of corpsmen deploying to Iraq. The participants volunteer for the course, and class members were unanimous in assessing its value.

HM3 Mark Foriska said, “It's an outstanding class. The docs and enlisted folks are doing an outstanding job. A lot of stuff we're doing now, you can't get in a textbook.”

Craig added, “We keep it real, give them the ‘tried and true’, and the tips and secrets we found in Iraq. There's no fluff. It's all about the corpsmen so they'll be ahead of the game when they get out there. It's a steep learning curve.”

Craig and Coakley are already looking ahead to the next course and prepping for a new group of corpsmen students in early summer. The Navy's Bureau of Medicine and Surgery (BUMED) is looking at the course as a prototype that can be conducted at other naval hospitals.



**SOUTH CHINA SEA** – Hospital Corpsman Sandra Valdovinos administers Airman Adam Heltona Hepatitis B vaccine for his annual birth month recall (BMR) aboard the aircraft carrier USS Ronald Reagan (CVN 76) April 6. BMR's are given every month to make sure Sailors are updated on their shots. *U.S. Navy Photo by Mass Communication Specialist 3rd Class Joanna M. Rippee*



## BUMED Force Master Chief Visits Navy Medicine Support

By Mass Communication Specialist  
1st Class (SW) Jeff McDowell, Navy  
Medicine Support Command

**JACKSONVILLE, Fla.** - The Navy Bureau of Medicine and Surgery's (BUMED) Force Master Chief (FMF/SS/SW) Robert H. Elliott visited Navy Medicine Support Command (NMSC), here, March 28.

Elliott walked through the NMSC headquarters spaces, speaking to Sailors and sharing his views on issues important to the hospital corps rating and to the future of Navy Medicine.

With his unique perspective as director of the Hospital Corps, Elliott spoke to the Sailors about a number of topics ranging from advancement and upcoming uniform changes to deployment opportunities.

"The chief of naval operations has said that hospital corpsmen will be fully involved and engaged in the war," he explained during a question and answer session. "And that's exactly what we are doing. There will continue to be plenty of opportunities for corpsmen to step up and deploy."

This exchange led to questions

about the chief petty officer (CPO) selection process after the proposed merger of reserve and active components.

"While there haven't been as many operational billets historically available to the RC (reserve components), board members are a very smart group of people, and they will take the 'whole Sailor' into consideration when making their recommendations. Remember. They've been where you are," he said.

During his visit, Elliott stressed repeatedly that individual Sailors have a powerful voice in decision-making policies that govern the Navy.

"Sailors who responded to the recent uniform questionnaire were instrumental in the development of a fantastic looking new uniform," he said. "It's truly a wash and wear uniform -- a first for the Navy -- and it looks great!"

Elliott also spoke with the NMSC CPOs about the master chief petty officer of the Navy's vision and about the ethical responsibilities of the CPO community.

"This is a time where those looking to get promoted to the

ranks of senior and master chief petty Officer will be expected to lead from the front," said Elliott.

Master Chief Hospital Corpsman Enrique Cruz, NMSC command master chief, said it's important for senior leaders to visit the troops.

"It's always a positive experience when junior Sailors get to spend time with senior members of the chain of command," Cruz said. "It reinforces the lines of communication and allows for their ideas and concerns to be heard."

"It makes me feel important -- like we're all important," said Hospital Corpsman 3rd Class Michele Becher, the NMSC File Maintenance Division assistant leading petty officer and NMSC's 2006 Junior Sailor of the Year. "It let's me know that the hard work is paying off."

"It's important to be recognized," added Hospital Corpsman 2nd Class Evelyn Bridgeforth, assistant leading petty officer for NMSC's Medical/Dental Corps Credentialing Division. "The force master chief let us know that we are important and that our work is important. That's good for morale."

## Purple Heart continued...

*(Continued from page 2)*

and calmness was fused into his team members as he explained the proper procedures in dealing with his type of injury. Soares' courageous actions, initiative and complete dedication to duty reflected great credit upon himself and were in keeping with the highest traditions of the Marine Corps and the United States Naval Services."

While the citation was being read, Capt. Mark O. Bowman, commanding officer, Navy Hospital Twentynine Palms, parent command of the Branch Health Clinic pinned the prestigious medal on Soares.

## Assessments continued...

*(Continued from page 1)*

Health Clinic is aware that service members returning from overseas don't answer the questionnaire truthfully.

"Returning service members typically minimize to avoid being identified as 'in need of health care,'" Albert said. "They are eager to get home and don't want to spend time in clinics and hospitals. But, symptoms of post-traumatic stress disorder don't usually start to

Following the Purple Heart presentation, Capt. Mick Gleason, commanding officer of the Naval Air Weapons Station China Lake, then read the names of the 27 IAs who served in Afghanistan, Guantanamo Bay, Iraq, Horn of Africa; Korea, and Kuwait and who have returned to China Lake. He then noted that China Lake still has 26 personnel serving in Afghanistan, Bahrain, Djibouti, Guantanamo Bay, Iraq, Kuwait, and Pakistan.

Guest speaker Rear Adm. Mark Skinner, commander of the Naval Air Warfare System Weapons Division, then took the podium, noting it was great to be able to recognize the contributions of the IAs and their families.

emerge until a few months after the end of a traumatic situation. That's a big reason why the reassessment is required a few months after returning."

Albert said most returnees find their experiences in the clinic are positive ones, even if they're not experiencing symptoms. Sometimes, she said, it just helps them to talk about their war experiences.



**MAYPORT, Fla.** - Hospital Corpsman 3rd Class Taiquita Ardan, a physical therapy assistant, treats a patient with electrical therapeutic stimulation at the Naval Branch Medical Clinic March 29. *U.S. Navy photo by Mass Communication Specialist 2nd Class Regina L. Brown*

## Naval Hospital Corpus Christi Wins Health Promotion Gold Star Award

By Bill W. Love, Naval Hospital Corpus Christi Public Affairs Office

**CORPUS CHRISTI, Texas** - Naval Hospital Corpus Christi (NHCC) received the 2006 Command Excellence in Health Promotion Gold Star Award April 5. Navy Environmental Health Center (NEHC) officials made the announcement March 19, 2007 at the 46th Navy Occupational Health and Preventive Medicine Conference in Hampton, Va.

The NEHC Command Excellence in Health Promotion Award, established in 1995, annually recognizes commands for their excellence in Navy Health Promotion and U.S. Marine Corps Semper Fit Programs. The non-competitive award is presented on three levels, including Gold, the highest, Silver and Bronze. All commands with Navy Health Promotion or Marine Corps Semper Fit Programs are eligible, regardless of size or location, submit an award package in one of five categories: Fleet, Shore-based, Reserve, Medical Treatment Facility, Semper Fit Program.

This is the second consecutive year NHCC received the Gold Star, obtaining more than 76 out of a total possible 90 points in the MTF category. The hospital also received the 2004 Silver Eagle.

"You must have top leadership and interdepartmental buy in," stated Dr. Sam Rivera, health promotions coordinator at NHCC. "Then and only then can you properly and effectively serve your military population in the challenges of promoting healthy lifestyle changes and benefits."

Rivera says that it is vital for an military medical treatment facility to have an award-winning, multidis-

ciplinary comprehensive health promotion program.

Some of the health promotion items NHCC offers include stress management awareness, physical fitness, hypertension screenings, prevention and control, back injury prevention, substance abuse prevention and men and women's health topics. There are also programs in tobacco use prevention, nutrition, cholesterol control, and weight management.

NHCC Health Promotion Dietitian, Robert Gonzalez, RD, LD, facilitates the classes on weight management and cholesterol control.

"These classes help our patient population improve health habits and meet part of the criteria in achieving Gold Star recognition," said Dietician Erin Wilson, RD, LD, the staff Certified Diabetes Educator at NHCC. "Beneficiaries typically hear about the classes from their Primary Care Manager or internal hospital marketing efforts."

By learning what health prevention programs are available to through flyers, news articles, marquee signs, Intranet website, e-mails, posters and word of mouth, people are more apt to take advantage of NHCC programs that encourage them to personally manage responsibility for their own health.

Rivera stresses that Command awards are the result of team efforts. "Staff from other NHCC departments helped in providing education and awareness to our beneficiaries by volunteering for health fairs, seminars and participating in community screening. It definitely demonstrates that we proactively work and have a genuine concern in preventing diseases among our military family both active duty and retired alike."



Bureau of Medicine and Surgery  
2300 E Street NW  
Washington, DC 20372-5300

Public Affairs Office  
Phone: 202-762-3221  
Fax: 202-762-1705

